132 222 2628 303235

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

**Application or Docket Number** 

| Column 1   |                                 |  | CLA               | IMS A                 | S FILED -        | PART I                          |                   |              | I ENTIT           |            | OTUE                | 2 TLA    |
|--|---------------------------------|--|-------------------|-----------------------|------------------|---------------------------------|-------------------|--------------|-------------------|------------|---------------------|----------|
| STAL CLAIMS     Sminus 20=   | (Column 1) (Column 2)           |  |                   |                       |                  |                                 |                   |              | SMALL ENTITY TYPE |            |                     |          |
| District    | FOR                             |  |                   | NUMB                  | ER FILED         | NUMBER                          | EXTRA             | RAT          | E FE              |            | RATE                | FE       |
| DEPENDENT CLAIMS   | BASIC FEE                       |  |                   |                       |                  |                                 |                   | 380.         | 00 OF             |            | 760.0               |          |
| Total   *   Minus   **   =   Independent   *   Minus   Independent   *   Minus   Independent   *   Minus   Independent   Independent   Independent   Indep   | TOTAL CLAIMS 3 5 minus 20= * 15 |  |                   |                       |                  |                                 |                   | X\$ 9        | )=                | OR         | X\$18=              | 270      |
| The difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  FEMAINING AFTER AMENDENT PREVIOUSLY PRESENT PAID FOR PREVIOUSLY PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 1)  (Column 2)  (Column 3)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 3)  (Column 4)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 2)  (Column 3)  (Column 4)  (Colum | N                               | DEPENDENT CL                                 | LAIMS             |                       | X39              | =                               | OB                | X78=         | 70%               |            |                     |          |
| TOTAL   OR   TOT   | Μl                              | JLTIPLE DEPEN                                | IDENT (           | CLAIM P               | +130             | )=                              |                   |              |                   |            |                     |          |
| CLAIMS AS AMENDED - PART II  | ' If                            | the difference                               | in colu           | ımn 1 is              |                  |                                 |                   |              | 173               |            |                     |          |
| Column 1   Column 2   Column 3   SMALL ENTITY   OR SMALL ENTITY    | CLAIMS AS AMENDED - PART II     |  |                   |                       |                  |                                 |                   |              | ·                 |            |                     |          |
| REMAINING  | _                               | (Column 1) (Column 2) (Column 3)             |                   |                       |                  |                                 |                   |              | LL ENTIT          | Y OR       |                     | -        |
| Note   | A IN                            |  | REM.<br>AF        | AINING<br>TER         |                  | NUMBER<br>PREVIOUSLY            |                   | RATI         | E TION            | AL         | RATE                | TION     |
| TOTAL   OR   ADDIT. FEE  | AMENDMEN                        | Total  | *                 |                       | Minus            | **                              | =                 | X\$ 9        | =                 | OR         | X\$18=              |          |
| +130   | E E                             | ·  |                   | NOT M                 | 1                |                                 |                   | X39=         | =                 | OR         | X78=                |          |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT Independent * Minus *** =  Independent * Minus *** =  CLAIMS REMAINING AFTER AMENDMENT RATE INUMBER PREVIOUSLY PRESENTATION OF MULTIPLE DEPENDENT CLAIM  CCOlumn 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  TOTAL ADDIT. FEE  OR  TOTAL ADDIT. FEE  OR  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  OR  TOTAL ADDIT. FEE   |                                 | FIRST PRESE                                  | MIAIIC            | N OF MI               | JLIIPLE DE       | PENDENT CLAIN                   | 1                 | +130         | =                 | OR         | +260=               |          |
| Column 1)   Column 2)   Column 3    CLAMS   REMAINING   AFTER   AMENDMENT   PREVIOUSLY   PAID FOR   PRESENT   EXTRA   FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   PAID FOR   PRESENT   ADDIT. FEE   PRESENT   FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   PREVIOUSLY   PRESENT   AMENDMENT   PREVIOUSLY   PRESENT   PREVIOUSLY   PRESENT   AMENDMENT   PREVIOUSLY   PRESENT   PREVIOUSLY   EXTRA   PRESENT   PRE   |                                 |  |                   |                       |                  |                                 |                   |              |                   | -          | TOTAL               |          |
| CLAIMS REMAINING AFTER AMENDMENT  Total * Minus *** = Independent * Inde |                                 |  | (Colu             | ımn 1)                |                  | (Column 2)                      | (Column 3)        | ADDIT. F     | EE <b>L</b>       |            | ADDIT. FEE          | •        |
| Total * Minus *** = X\$ 9= OR X\$18= OR Independent * Minus *** = X39= OR ITOTAL ADDIT. FEE   |                                 |  | CL/<br>REM/<br>AF | AIMS<br>AINING<br>TER |                  | HIGHEST<br>NUMBER<br>PREVIOUSLY | PRESENT           | RATE         | TIONA             |            | RATE                | TION     |
| Independent   *   Minus   ***   =   X39=   OR   X78=   OR   +260=   OR   +260=   OR   ADDIT. FEE   OR   ADDIT. FEE   OR   TOTAL   ADDIT. FEE   OR    | AMENDMEN                        | Total  | *                 |                       | Minus            | **                              | =                 | X\$ 9:       |                   |            | X\$18=              | <u> </u> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +130=  OR  +260=  OR  TOTAL  ADDIT. FEE   (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  **  Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  **  Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  **  Total  * Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  **  Total  **  Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  **  Total  **  Minus  **  Total  **  Minus  **  Total  Total |                                 | Independent                                  | *                 |                       | Minus            | ***                             | =                 | X39=         | _                 | -          |                     |          |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT TOTAL NUMBER PREVIOUSLY PAID FOR  Independent  * Minus  **  Independent  Independ | _                               | FIRST PRESE                                  | NTATIO            | N OF MU               | JLTIPLE DEF      | PENDENT CLAIM                   | 1                 |              |                   |            |                     |          |
| COlumn 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  ADDIT. FEE  OH ADIT. FEE  OH ADDIT. FEE  OH ADIT. FEE  OH ADDIT. FEE  OH ADDIT. FEE  OH ADIT. FEE  OH ADDIT. F |                                 |  |                   |                       |                  |                                 |                   |              | /A                | OR         |                     |          |
| CLAIMS REMAINING AFTER AMENDMENT  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  * Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."   |                                 |  |                   |                       |                  |                                 |                   |              |                   | OR         | TOTAL<br>ADDIT. FEE |          |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PAID FO |                                 |  |                   |                       |                  |                                 | (Column 3)        |              |                   |            |                     |          |
| Total * Minus ** = X\$ 9= OR X\$18=  Independent * Minus *** = X39= OR X78=  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  The entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  | MICHELINE CHILL                 | 13 1 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | REMA<br>AF        | AINING<br>TER         |                  | NUMBER<br>PREVIOUSLY            |                   | RATE         | TIONA             |            | RATE                | TIONA    |
| Independent * Minus *** = X39= OR X78=  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE  | ב<br>ב                          | Total  | *                 |                       | Minus            | **                              | =                 | X\$ 9=       |                   | OR         | X\$18=              |          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +130=  TOTAL ADDIT. FEE  Fithe entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL ADDIT. FEE  OR  TOTAL ADDIT. FEE  |                                 |  |                   |                       |                  |                                 |                   | X39=         |                   |            | X78=                |          |
| f the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE   |                                 | FIRST PRESE                                  | NTATIO            | N OF MU               | JLTIPLE DEF      | PENDENT CLAIM                   |                   | <del> </del> |                   | Un         |                     | ·        |
| If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE   | *                               | f the entry in colun                         | nn 1 is le        | ss than th            | e entry in colu  | mn 2, write "0" in co           | olumn 3.          |              |                   | OR         |                     |          |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  | ** [                            | f the "Highest Nun                           | nber Pre          | viously Pa            | id For" IN THIS  | S SPACE is less that            | n 20. enter "20." | ADDIT. FE    | E                 | OR         | TOTAL<br>ADDIT. FEE |          |
|  | •                               | The "Highest Num                             | ber Previ         | iously Paid           | d For" (Total or | Independent) is the             | highest number    | found in the | appropriate l     | oox in col | umn 1.              |          |